

Bond No. _____

STATE OF WASHINGTON
DEPARTMENT OF FISH AND WILDLIFE

SURETY BOND OF RECREATIONAL LICENSE DEALER

KNOW ALL MEN BY THESE PRESENTS: That we _____,
name
at _____ as Principal,
address
_____ and the _____, a corporation
organized under the laws of the State of _____, and authorized to transact the business
of surety in the State of Washington, as Surety, are held and firmly bound unto the State of Washington Department
of Fish and Wildlife and guarantee payment upon demand in the just and full sum of _____
_____ Dollars (_____), lawful money of the United States of
America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That, whereas, the above bounden Principal was on the
_____ day of _____, A.D., (year) _____, duly and lawfully deputized to issue Recreational
Licenses for a continuous term beginning on the _____ day of _____, (year) _____, and
ending at the pleasure of the Director of Fish and Wildlife.

NOW, THEREFORE, If the said Principal shall well, truly, and faithfully perform, fulfill and discharge all the duties
required of him by law and all rules and regulations of the Director of Fish and Wildlife as such, Deputized License Dealer
and shall well, truly, and faithfully perform the duties of said office as such duties are prescribed by any law, rule or
regulation which may become effective subsequent to the execution of this bond, then this obligation to be void; other-
wise, to remain in full force and effect and payment is guaranteed upon demand. Cancellation of this bond requires 30
days written notice by the surety.

IN TESTIMONY WHEREOF, The said Principal has subscribed h _____ name and the said surety has caused these
presents to be executed and its official seal attached by its duly authorized Attorney-in-Fact, at _____
_____, on the _____, day of _____, (year) _____.

Effective Date Of Bond _____
(Principal)

Agency Name *(Surety)*

Agency Address BY: _____
(Attorney-in-Fact)

Countersigned by: _____

Agency Telephone No. Residing Agent, _____ Washington

White Original: Department of Fish and Wildlife
Yellow Copy: Dealer
Pink Copy: Bonding Company

MAILING ADDRESS:
Department of Fish and Wildlife
License Division
600 Capitol Way North
Olympia, WA 98501-1091

OFFICE LOCATION:
Natural Resources Bldg.
1111 S. Washington Street
Olympia, WA 98504
(360) 902-2434

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
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Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM